



HAND DELIVERED

June 21, 1990

Dr. Nancy Foster
Director, Office of Protected Resources
and Habitat Programs
National Marine Fisheries Service
1335 East-West Highway, Room 8268
Silver Spring, Maryland 20910

RE: Marine Mammal Collection/Inventory Reports

Dear Dr. Foster:

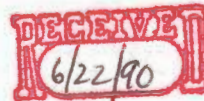
Two copies of the attached documents serve as an update to our inventory reports.

Sincerely,

Barbara D. Heffernan
Director, National Affairs
1776 I Street, N.W. Suite 200
Washington, D.C. 20006

Attachment: Marine Mammal Collection/Inventory Reports
SWC-Pc-8726 - NMFS Inventory/Mortality Report
SWC-Pc-8726 - Sea World Gross Necropsy Report
MH-89-413-Ph- NMFS Inventory/Mortality Report
MH-89-413-Ph- Sea World Gross Necropsy Report
MH-88-560-Cc- NMFS Inventory/Mortality Report
MH-88-560-Cc- Sea World Gross Necropsy Report

cc: Mr. Edward Asper
Mr. Brad Andrews



ISN:	ASN:	LEX:
ISP:	ANREP:	FNUM:

TYPE OF REPORT: Mortality

DATE OF REPORT: _____
COMMON NAME: _____ False Killer Whale

[illegible]

JUN 22 1966

SEA WORLD

GROSS NECROPSY REPORT

FACILITY: Sea World of Florida **PROSECTOR:** TW Campbell and MT Walsh

GENUS/SPECIES: Pseudorca crassidens

ID NUMBER: SWF-Pc 8726

AGE:

SEX: female

DATE OF DEATH: 16 April 90

DATE OF NECROPSY: 16 April 90

EXTERNAL MORPHOMETRICS: (metric only)

WEIGHT: 924 lbs

TOTAL LENGTH: 374.6 cm

GIRTH AT AXILLA: 152 cm

GIRTH AT ANUS: 108 cm

FLUKE WIDTH: 71 cm

GIRTH AT UMBILICUS: 168 cm

DORSAL FIN HEIGHT: 28 cm

HISTORY:

This animal was being treated for esophageal and gastrointestinal ulcerations for approximately 34 days. She appeared to be responding to the therapy up until the time of her death. Her apparent response to therapy was based upon her clinical signs of improvement and clinical laboratory findings. At 7 AM of the morning of her death, she readily ate her medicated fish and appeared normal. Three hours later she suddenly became disoriented, began vomiting, and thrashed about in her pool. Prior to her death, vomituous was noticed being expelled from her blow.

GENERAL EXTERNAL APPEARANCE: (oral cavity, external nares, skin, eyes)

NSGL [No Significant Gross Lesions]

SUBDERMAL CONDITION: (blubber, muscles, lymph nodes)

NSGL

CRANIAL EXAM: (ears, melon, pterygoid sinus)

The pterygoid sinuses contained several Nasitrema parasites, however there was no gross pathology associated with the mucosa of this area

CENTRAL NERVOUS SYSTEM: (brain, pituitary, spinal cord)

NSGL

THORACIC CAVITY: (pleura)

NSGL

UPPER RESPIRATORY SYSTEM: (nasal sacs, nares, larynx)

NSGL

LOWER RESPIRATORY SYSTEM: (trachea, bronchi, lungs, lymph nodes)

The lungs and major bronchi were filled with vomitous that include partially digested fish parts found deep in the peripheral lung areas.

CARDIOVASCULAR SYSTEM: (heart, aorta, major vessels)

NSGL

ABDOMINAL CAVITY: (lymph nodes)

NSGL

DIGESTIVE SYSTEM: (esophagus, stomach, intestine, cecum, rectum, lymph nodes)

A 2x3 cm esophageal ulcer was found near the cardia of the stomach. Several healed ulcers were found in the glandular or pyloric stomach. Multiple petechiae occurred throughout the intestinal tract.

LIVER: (biliary system)

NSGL

PANCREAS:

NSGL

SPLEEN:

NSGL

REPRODUCTIVE SYSTEM: (testicles, ovaries)

NSGL

URINARY SYSTEM: (kidneys, ureter, bladder, urethra)

NSGL

ADRENAL GLANDS:

NSGL

SKELETAL SYSTEM:

NSGL

PARASITE SUMMARY

Nasitrema in ptergoid sinuses

SPECIAL TESTS

Tissues in 10% NBF for histology; Microbial cultures from lungs, intestines, liver;

GROSS SUMMARY

Aspiration pneumonia - acute
Intestinal petechiation - mild, diffuse
Nasitrema in ptergoid sinuses - no apparent pathology associated

TENTATIVE DIAGNOSIS:


Cause of death was aspiration pneumonia secondary to acute onset of vomition. The cause of vomition is unknown but may have been associated with acute severe esophageal pain owing to the deep esophageal ulceration.

CONCLUSIONS: (after histology & clinical pathology review)

Severe focal active esophageal ulceration.

Histology of heart, liver, lung, kidney, thyroid, large intestine, spleen, stomach, tonsils, pancreas, skin, and lymph nodes revealed only non-specific changes and no cause of death could be determined. The actual cause of death most likely was due to an acute aspiration of ingesta from the stomach.

DATE: 5/30/90


SIGNED: Terry W. Campbell, DVM, PhD